

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

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JUL 08 2008

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**PATENT, TRADEMARK
AND COPYRIGHT LAW**

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Date: July 8, 2008

Facsimile Number: 571-273-8300

**To: Examiner P.K. Wright
Group Art Unit 1797, USPTO**

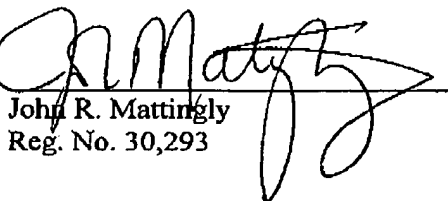
**From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.**

**Re: USSN 10/780,743
Attorney Docket No.: KAS-199**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal;
Request for Continued Examination (RCE);
Petition for Extension of Time; and
Credit Card Payment Form in amount of \$1,740.00 in
payment of RCE and 2nd and 3rd month EOT fees.**


John R. Mattingly
Reg. No. 30,293

July 8, 2008
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Form PTO-1083

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Patent

In RE application of H. YANAMI et al

JUL 08 2008

Case Docket No. KAS-199

Serial No.: 10/780,743

Group Art Unit: 1797

For: SAMPLE DISPENSING APPARATUS AND
AUTOMATIC ANALYZER INCLUDING THE SAME

Examiner: P.K. Wright

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	Minus	**	X 25	\$		X 50	\$
Indep.	Minus	***	X 100	\$		X 200	\$
			X 180	\$		X 360	\$
<input type="checkbox"/> First presentation of Multiple Dependent Claims			Total	\$	OR	Total	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$1,740.00 is attached for RCE and 2nd and 3rd month EOT
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By

John R. Mattingly, Reg. No. 30,293
Attorney for Applicant(s)

Date: July 8, 2008